DEPARTMENT OF PSYCHIATRY
RESIDENT SELECTION AND APPOINTMENT POLICY

Resident Eligibility

Per ACGME Institutional Requirements, applicants for general psychiatry residency training at UTHSCSA must meet one of the following qualifications:

1. Graduate of a medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA)
2. Graduate of an international medical school, with a valid ECFMG certificate
3. Graduate of an international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school

First-year residency positions (PGY-1) are offered through the National Residency Matching Program. When program slots are not filled through the match, residents may subsequently be appointed to unfilled positions from the pool of unmatched students, or other sources, as long as they meet institutional standards.

All resident applicants must be screened against Office of the Inspector General (OIG) and General Services Administration (GSA) lists; individuals listed by a federal agency as “excluded, suspended, or otherwise ineligible for participation in federal programs” (Institutional Compliance Agreement, page 6 of 18) are ineligible for residency or fellowship at UTHSCSA.

Non-citizens must have permanent resident status or a J-1 visa for residency positions at UTHSCSA.

Residents must bring proof of completion of an Advanced Cardiac Life Support (ACLS) course.

Resident Selection

It is the policy of UTHSCSA and its affiliated hospitals to sustain resident selection processes that are free from impermissible discrimination. In compliance with all federal and state laws and regulations, the University of Texas System Policy, and Institutional Policy, no person shall be subject to discrimination in the process of resident selection on the basis of gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

The General Psychiatry Residency Program’s Residency Selection Committee ranks candidates on the basis of the group’s assessment of the individual’s potential contributions in that particular specialty of medicine. These judgments are based on the applicant’s academic performance, the assessment by his/her faculty as reflected in letters of recommendation, and personal qualities evaluated during the interview process conducted by faculty and resident representatives, including motivation, integrity, and communication skills.

In addition, the TSBME mandates a postgraduate resident permit for all residents entering Texas programs. These rules essentially make it necessary for the resident to demonstrate that he/she will be eligible for permanent licensure in Texas. Residents are expected to be familiar with the regulations at www.tsbme.state.tx.us/rules/171.htm.
Civilian Applicants

The civilian aspect of the program accepts applications only through the Electronic Residency Application System (ERAS).

The following documents are needed:

- ERAS application ([www.aamc.org/eras/ais/start.htm](http://www.aamc.org/eras/ais/start.htm))
- Personal statement, which must include career goals
- Three letters of recommendation, one of which must be from a psychiatrist
- Official medical school transcript
- Official Dean's Letter
- USMLE scores
- ECFMG and proof of J-1 visa eligibility (foreign medical graduates only)

The application deadline is December 1. Interviews will be conducted on selected dates from November to February. Invitations to interview are extended by e-mail. Selection for the program depends on a review of the applicant's file and interview.

Residency applicants must clear a screening process to ensure that they are not listed by a federal agency as ineligible for participation in federal programs. This screening is performed at no charge to the applicant.

Military Applicants

Applicants to the military aspect of the program are selected by the USAF Graduate Medical Education Selection Board under procedures in Air Force Manual 50-5, Chapter 5. First-year postgraduate trainees must possess a Doctorate of Medicine or Osteopathy.

Personal interviews at Wilford Hall Medical Center and UTHSCSA should be scheduled no later than November 1 of the year prior to planned entry into the program. Clerkships on the psychiatry services are available to interested third- and fourth-year HPSP and USUHS medical students, particularly those considering applying to the program.

Once accepted and before beginning training, new residents must clear a screening process to ensure their eligibility to participate in a federal program. This screening is free.
DEPARTMENT OF PSYCHIATRY
RESIDENT SUPERVISION POLICY

On-call schedules and rotation schedules for the residency program are developed to provide residents with a variety of patient-care educational experiences consistent with the program requirements of the particular ACGME RRC. Backup must be available at all times through more senior residents and appropriately credentialed attending physicians.

Individual psychiatric services, with the approval of the General Psychiatry Residency Program Director, have established detailed written policies describing resident supervision at each level of training.

The requirements for on-site supervision are monitored through periodic departmental reviews, with institutional oversight through the GMEC internal review process. Residents are encouraged to express their concerns about call schedules and work hours to the Office of Education. All efforts will be made to maintain the anonymity of residents voicing such concerns.

The type of supervision (physical presence of attending physicians, home call backup, etc.) required by residents at the various levels of psychiatry training will be consistent with the requirement for progressively increasing resident responsibility during a residency program, the applicable program requirements of the General Psychiatry RRC, and the common standards of patient care. The ultimate responsibility for all patient care rendered by residents will rest with their designated attending physicians, who supervise all resident clinical activities.
DEPARTMENT OF PSYCHIATRY
EVALUATION POLICY

Evaluations of Residents

Residents in the General Psychiatry Residency Program must meet established academic requirements in order to progress to each subsequent year of training. Copies of the knowledge, skill, and judgment objectives for residents are located in the Psychiatry Housestaff Manual. To monitor resident progress and document performance, faculty evaluate residents during every rotation, a policy consistent with ACGME program requirements. During the last week of a resident’s rotation on a service, the Office of Education sends written evaluation forms to faculty. The returned, completed forms are reviewed by the Residency Education Director and/or Deputy Residency Education Director and then reviewed by the Resident Evaluation Subcommittee of the Residency Education Committee.

Each evaluation is placed in the resident’s departmental file. Residents may review their evaluations in the Housestaff Education Office. After reviewing the evaluation, the resident is asked to sign the evaluation form. The resident’s signature verifies review, not agreement.

Residents have the opportunity to indicate in writing their disagreements with the written evaluation. Residents are encouraged to meet with the Residency Education Director, the Deputy Residency Education Director and/or Associate Residency Education Director to discuss strategies (learning, interpersonal, communication, etc.) for improving identified weaknesses.

These standards of evaluation are applied equitably to all residents, are consistent with all relevant institutional policies, ensure due process, and are published and available to residents and faculty. Evaluations of residents are used in making decisions about promotion, program completion, remediation, and any disciplinary action. As per ACGME requirements, a final evaluation will be kept on file for all residents, including chief residents.

Faculty and Rotation Evaluations

Residents rate each supervisor and/or rotation at the end of the rotation, or in the case of yearlong rotations, at 6 and 12 months. While these evaluations may be signed, they are generally returned anonymously. The evaluations include site issues, teaching and patient care issues. Evaluative information is provided back to faculty in a blinded manner to preserve resident confidentiality.

Psychotherapy supervisors are evaluated every 6 and 12 months. Feedback to supervisors is given every three years to preserve resident confidentiality.

Residents give group written evaluation of the program and supervisors through the yearly Residents Program Evaluation Committee (RPEC). Verbal feedback is given in faculty-resident groups at Education Day.

Faculty ratings are used to determine the recipients of the Department’s annual Excellence in Teaching Awards for outstanding teaching to residents. Twice a year, the Residency Education Director, Deputy Residency Director, and Associate Residency Directors meet for a 30-minute review of each resident’s progress.
DEPARTMENT OF PSYCHIATRY  
PROMOTION POLICY

The training of psychiatrists for the practice of general psychiatry encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge and maturity, and acquisition of clinical judgment. Through the course of training in the General Psychiatry Residency Program, each resident is expected to acquire progressively increasing competence in these domains. Promotion to the next resident level (e.g., PGY-1 to PGY-2) is based on a resident’s achievement of cognitive and clinical competence and performance, including specific cognitive, clinical, technical skills, and professional and ethical conduct, as measured in regular evaluations.

Faculty evaluation of a resident is one means to document a resident’s progress in achieving such competence and performance. The six-month face-to-face evaluations allow faculty to examine more comprehensively each resident’s progress in achieving the particular competencies, academic requirements, and performance standards for the resident’s level of training.

No later than January of each year, the Resident Evaluation Subcommittee of the Residency Education Committee meets to discuss the promotion status of all residents, particularly those who are not making satisfactory progress in achieving competencies, academic requirements, and performance standards. This Subcommittee will develop plans to assist residents in meeting established standards. By the end of March, the Residency Education Committee will again meet to review each psychiatry resident’s progress and to recommend promotion actions to the Program Director.

If a resident’s performance has been significantly deficient and additional training time is required to correct the deficiency, the Program Director may request an extension of the resident’s contract from the Graduate Medical Education Committee. That committee will give due consideration to the Program Director’s request.
DEPARTMENT OF PSYCHIATRY

RESIDENT GRIEVANCE AND APPEAL PROCEDURE POLICY
PERTAINING TO DISMISSAL OR NONRENEWAL

The Graduate Medical Education Committee, excluding the University Health System representative, serves as the appeals body for all residents in programs sponsored by UTHSCSA, independent of their funding source, for dismissal or non-renewal. Such dismissal or non-renewal could occur because of failure of the resident to comply with his/her responsibilities or failure to demonstrate appropriate medical knowledge or skill as determined by the program’s supervising faculty. This appeals mechanism is open to a resident dismissed during the academic year or a resident whose contract for the following academic year is not renewed in a categorical program in which there has been no explicit information provided to the resident.

It is the responsibility of the Department of Psychiatry to document a warning period prior to dismissal or failure to reappoint a house officer and to demonstrate efforts for the provision of opportunities for remediation. As a rule, a resident is not dismissed without a probationary period except in instances of flagrant misconduct (see next paragraph). Opportunities must be provided and documented for the resident to discuss with the department’s or division’s program director or chair the basis for probation, the expectations of the probationary period, and the evaluation of the resident’s performance during the probation. Discussions with the resident will be documented, copies provided to the resident, and the original documents placed in the resident’s training file.

According to the UTHSCSA Handbook of Operating Procedures 5.13.3 B 2, several specific examples of misconduct for which an individual may be subject to dismissal include (but are not limited to) the following: being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment), or the use of abusive language on the premises; or fighting, encouraging a fight, or threatening, attempting, or causing injury to another person on the premises. The full text is available at www.uthscsa.edu/hop/hop5%2D13.pdf.

In the event that a resident is to be dismissed or his/her contract not renewed, he/she may initiate a formal grievance procedure. The resident shall present the grievance in writing to the Assistant Dean for Graduate Medical Education within 30 working days after the date of notification of termination or non-renewal. The grievance shall state the facts upon which the grievance is based and the requested remedy sought. The Assistant Dean for Graduate Medical Education shall respond to the grievance with a written answer no later than ten calendar days after he/she receives it.

If the resident is not satisfied with the response, he/she may then submit, within 10 days of receipt of the Assistant Dean for Graduate Medical Education’s response, a written request for a hearing. The hearing procedure will be coordinated by the Assistant Dean for Graduate Medical Education, who will not be a voting participant. The hearing should be held before at least three members of the Graduate Medical Education Committee. The Assistant Dean will determine the time and site of the hearing in consultation with the resident and the program leadership. The resident shall have a right to self-obtained legal counsel at his/her own expense; however, retained counsel may not actively participate, speak before the hearing participants, or perform cross-examination. The Assistant Dean will preside at the hearing. The format of the hearing will include a presentation by a departmental representative; an
The resident will have a right to request documents for presentation at the hearing and the participation of witnesses. The Assistant Dean at his/her discretion following consultation with the hearing panel will invite the latter.

The final decision will be made by a majority vote of the Graduate Medical Education Committee participants and will represent the final appeal within the Health Science Center and its affiliated hospitals.

For residents at WHMC, due process procedures for restriction, suspension, and termination of education status are described in AFI 41-117, Section B. Academic notice or probation procedures are described in AFI 41-117, paragraph 15.1.2.2.